



APPLICATION FOR TOWN OF TRUMBULL SUMMER YOUTH PROGRAM

NAME.....EMAIL ADDRESS:.....

ADDRESS..... PHONE #.....

CITY, STATE, ZIP..... SS #.....

TO THE BEST OF MY KNOWLEDGE, THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE AND I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

DATE..... SIGNATURE OF CANDIDATE.....

TITLE OF POSITION SOUGHT

Did the Town ever employ you?	YES	NO	If so, which department?
Are you a U.S. citizen?			Date of birth if under 18 years of age:

Grade level:	Name of school:	Date you will be available to start work?

WORK EXPERIENCE

Dates of employment	Position	Employer's address & phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REFERENCES

Name & Address
1. _____
2. _____
3. _____

Copies of Certificates:

Lifeguarding
Standard First Aid
CPR

Were you ever discharged from any position? If so, please give details.

Have you ever been convicted for anything other than a minor traffic violation and which is not subject erasure under any applicable state law? If so, please give details.

* NOTE: The applicant is not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-760, or 54-142a.

EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE
Town of Trumbull
CONNECTICUT



Phone: 203-452-5040
Fax: 203-452-3856

TOWN HALL
5866 MAIN STREET
TRUMBULL, CT 06611

I hereby authorize the Town of Trumbull to inquire of any and all previous employers, public or governmental officials or agencies, law enforcement agencies, or any other persons regarding my experience, reputation, character, ability and qualifications for employment; and I agree to hold all such persons and/or the Town of Trumbull harmless with respect to any information they may give, hereby releasing them from any liability to me arising therefrom.

I certify that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I understand that any false answers and/or statements or omissions made on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Print Name

Address City State Zip

Email address:

Witness of Signature

Date

EQUAL OPPORTUNITY EMPLOYER